

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**

RECEIVED

SEP 14 2020

AT 8:30 \_\_\_\_\_ M  
WILLIAM T. WALSH  
CLERK

\_\_\_\_\_  
THERESA ANN LUSTGARTEN  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(In the space above enter the full name(s) of the plaintiff(s).)*

**-against-**

\_\_\_\_\_  
HUNTERDON MEDICAL CENTER  
\_\_\_\_\_

HUNTERDON HEALTHCARE  
\_\_\_\_\_  
\_\_\_\_\_

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**Complaint for Employment  
Discrimination**

Case No. \_\_\_\_\_  
*(to be filled in by the Clerk's Office)*

Jury Trial: ☐ Yes ☒ No  
*(check one)*

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	THERESA A LUSTGARTEN
Street Address	PO BOX 533
City and County	HAMPTON HUNTERDON CO.
State and Zip Code	NEW JERSEY 08827
Telephone Number	6094143210

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	HUNTERDON MEDICAL CENTER
Job or Title (if known)	HEALTHCARE/HOSPITAL
Street Address	2100 WESCOTT DRIVE
City and County	FLEMINGTON HUNTERDON CO.
State and Zip Code	NEW JERSEY 08822
Telephone Number	908.788.6100, 908.788.6598-HR
E-mail Address (if known)	<a href="mailto:vkocsis@hhsnj.org">vkocsis@hhsnj.org</a>

## Defendant No. 2

Name	HUNTERDON HEALTHCARE
Job or Title (if known)	
Street Address	2100 WESCOTT DRIVE
City and County	FLEMINGTON, HUNTERDON CO.

State and Zip Code	NEW JERSEY 08822
Telephone Number	
E-mail Address	
(if known)	

**Defendant No. 3**

Name	
Job or Title	
(if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address	
(if known)	

**Defendant No. 4**

Name	
Job or Title	
(if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address	
(if known)	

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name	HUNTERDON MEDICAL CENTER ED
Street Address	2100 WESCOTT DR
City and County	FLEMINGTON HUNTERDON CO.
State and Zip Code	NEW JERSEY 08822
Telephone Number	908.788.6100

## II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☒ Other federal law (*specify the federal law*):  
RETALIATION

- ☐ Relevant state law (*specify, if known*):

- ☐ Relevant city or county law (*specify, if known*):

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts *(specify)*: FALSIFYING RECORDS OF MY PHI

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  
OCTOBER 2019-PRESENT

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race \_\_\_\_\_
- ☐ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☐ age. My year of birth is \_\_\_\_\_. *(Give your year of birth only if you are asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*  
CPTSD, ANXIETY, depression

- E. The facts of my case are as follows. Attach additional pages if needed.  
PLEASE SEE ATTACHED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

07/22/2020

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)*  
08/26/2020

\_\_\_\_\_  
*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☒

less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am asking for punitive and compensatory damages. As of May of 2020 I have unable to get a job.

I am asking for the maxium in damages from this organization. As not only did employment issues arise, but my personal medical health infomation has been violated and I have had charting on my medical records falsified by this organization.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 9/10 <sup>20</sup>  
August 28

Signature of Plaintiff

Printed Name of Plaintiff

  
THERESA ANN LUSTGARTEN

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20<sup>2</sup>\_\_.

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_